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SCARLET FEVER.

[From DR. WATSON'S Lectures on the Principles and Practice of Physic.]

I PROCEED, in the next place, to the consideration of *scarlet fever*.

This also is a contagious febrile disease, attended almost always, during a part of its course, by a rash, and by *sore throat*. It seldom comes on a second time.

There are some distinct varieties of this disorder, concerning which it is necessary that I should say a few words.

The two striking and important features of the disease are the *affection of the throat*, and the *affection of the skin*. They may both be well marked; or only one of them may be well marked: and this circumstance has led nosologists to divide one and the same complaint into two independent maladies; to which Cullen and others have assigned the respective names of *cynanche maligna*, and *scarlatina*. When, in an earlier part of the course, I was treating of the diseases of the throat, I purposely avoided the cynanche maligna; because that is only another name for a particular form of scarlet fever. If you look to Cullen's definitions of these complaints, you will see how very much alike they are. They both specify inflammation of the fauces, a cutaneous rash, and fever. But in the definition of scarlatina, the rash is dwelt upon and described, and the fever is called synocha: while in that of cynanche maligna the ulceration of the throat is more insisted on, and the fever is said to be typhoid. The truth is, that these two kinds of disorder both spring from the same contagious poison. The malignant sore throat may be caught from a patient who has mild scarlet fever; and mild scarlet fever may, in like manner, be contracted from one who is laboring under the malignant sore throat. The two forms graduate insensibly, in different cases, towards each other; and it would be impossible, even if it were desirable, to draw any strict line of separation between them.

For convenience, however, of description, and for the better direction of the treatment, authors generally make three *varieties* of scarlatina. Scarlatina *simplex*, in which there is a florid rash, and little or no affection of the throat; scarlatina *anginosa*, in which both the skin and the throat are decidedly implicated; and scarlatina *maligna*, in which the stress of the disease falls upon the throat.

I need scarcely remind you of a sort of mystification which prevails among the public about this complaint, and which many practitioners,

for no good reason that I can see, seem disposed to encourage. Mistaking the Latin and scientific name of the disorder for a mere *diminutive*, you will hear mammas say, "Oh, my children have not got the *scarlet fever*, but only the *scarlatina*." I always disabuse them of this absurd error, when the opportunity of doing so occurs. It can produce nothing but confusion, and a disregard of requisite precautions.

Like measles, and for the same reasons, scarlet fever, though persons of all ages are susceptible of it, is eminently a disease of children; but it is much more to be dreaded than the measles.

It is somewhat strange that scarlet fever was not recognized, in this country at least, as a distinct disease, till about two centuries ago. In all probability it had long existed, and had been always confounded with the measles. Morton speaks of it under the name of *morbilli confluentes*; and Hoffman calls it, by a similar mistake, *rubeola rossalia*. The febris scarlatina described by Sydenham must have been of a very mild kind; for he does not mention any ulceration of the throat. Dr. Fothergill, in 1748, was the first to describe, as a new and separate disease, that perilous form of the complaint which Cullen designates cynanche maligna; and it was long called the Fothergill sore throat. The identity of this affection with genuine scarlet fever has been slowly established by subsequent observers. The characteristic differences between scarlet fever and measles were first fully pointed out by Dr. Withering.

The disease begins, as the exanthemata in general begin, and as continued fever which I have grouped with them is apt to begin, with shivering; lassitude, and rapidly augmenting debility; headache, frequently severe; sometimes with delirium; occasionally with nausea and vomiting. Then, generally on the second day (and Cullen is wrong when he says it is generally on the fourth), the eruption begins to come out. In some of the worst forms of the disease it may, indeed, be deferred till the fourth day.

Although scarlet fever and measles were so long confounded together, the differences between them, when once pointed out, are well pronounced and easily enough recognized.

Rubeola is distinguishable, then, from scarlatina—

1. By the presence, at the outset, of catarrhal symptoms—by the sneezing, the cough, the defluxion from the eyes and nose, which precede the rash. There is, doubtless, in many cases of scarlatina, a running from the eyes and nose, but not till late in the disease; at any rate not prior to the eruption.

2. By the absence of severe inflammation and ulceration of the throat; symptoms which always accompany severe cases, at least, of scarlet fever.

3. By the characters of the eruption itself. The rash in measles is more elevated above the surface than in scarlatina, and of a darker color. In measles it is said to present somewhat the tint of a raspberry, and in scarlet fever to be that of a boiled lobster. In measles the papulæ are collected into semilunar clusters, leaving interstices between them of healthy skin. The redness of scarlatina commences in minute red points, which speedily become so numerous and crowded, that the surface

appears to be universally red. They begin on the face, neck and breast, and extend to the extremities, pervading at last every part of the skin. The scarlet color is deeper, in general, about the groins, and in the flexures of the joints, than elsewhere. Lastly, the rash of measles, in its most regular form, appears on the fourth day of the disease; that of scarlet fever on the second.

On the arms and legs the eruption of scarlatina differs somewhat from that which is visible on the trunk; is more spotty, more papular, and the papulæ are somewhat prominent, while over the body there is a general diffused blush.

In some cases of scarlet fever (probably in some epidemics, for I observed the phenomena I am about to mention in four or five cases in succession which were brought into the Middlesex Hospital within the space of a month or six weeks), some parts of the red surface are closely studded with little transparent vesicles, containing a thin, colorless liquid, and resembling what I described to you before as *sudamina*. In all the instances in which I have seen them, these minute vesicles have been most thickly set on the thorax, and on the front and sides of the neck. The liquid is soon re-absorbed, and the cuticle under which it had been enclosed shrivels up, turns white, and comes off in a thick, white scurf: so that the part from which it separates looks at first sight as if it had been powdered. I have recently seen two cases of this vesicular form of scarlatina in private practice. I show you Rayer's delineation of the vesicles.

The eruption, in the most regular and favorable cases, stands out for three or four days, and then begins to fade and decline, becoming by degrees indistinct, and disappearing altogether, in the majority of instances, before the end of the seventh day. About this time desquamation of the cuticle begins to take place, in smaller scurf or scales from the face and body, in large flakes frequently from the extremities. The scarf-skin of the hands and of the feet sometimes separates almost entire. A glove or a slipper of cuticle comes away at once. You may see such things in most museums.

In that variety of the disorder which we call scarlatina *maligna*, the rash is apt to come out late, and imperfectly, and sometimes not at all; and instead of being bright and florid, to present a bluish or livid tint. Sometimes it suddenly recedes; and then, perhaps, appears again: and occasionally it is diversified by purple spots.

Willan and Bateman have given the name of *roseola* to an eruption which is also attended with an inflammation of the throat, and between which and scarlatina it is certainly difficult, if not impossible, at first to discriminate. The roseola, however, is not contagious, and has more of a chronic character than scarlatina. It comes and goes, and has no settled or definite course. Dr. A. T. Thomson lays down *this* distinction between them; but I do not know that we can trust to it:—"In scarlatina [he says] the rash first attacks the face, and then extends to the trunk of the body, passing off by the extremities; whereas in roseola the extremities are *first* affected."

The appearances of the *tongue* in scarlet fever are also peculiar and

characteristic. In the scarlatina *simplex*, and *anginosa*, it is often covered, at the outset, with a thick, white, cream-like fur, through which are seen projecting the red and exaggerated papillæ; the edges of the tongue being likewise of a bright red color. The red points gradually multiply, and the white fur clears away, and at length the whole surface of the tongue becomes preternaturally red, and clean, and raw-looking: and after becoming thus clean, as well as red and rough, and like a strawberry, it will sometimes, when the disease goes on unpromisingly, get dry, and hard, and brown—as you know it is apt to be in certain forms and stages of continued fever.

The first thing of which the feverish patient usually complains is sore throat, with some stiffness of the neck: and if you inspect the fauces, you will see, without in general so much swelling of the tonsils as occurs in common quinsy, a diffused redness, sometimes of a dark claret color, including a large part of the palate. In a short time you may perceive that the tonsils and velum are covered irregularly with whitish exudations, or grey aphthous crusts: or, perhaps, you see a sloughy kind of ulceration left by the separation of these crusts.

The progress of the disease, and its degree of severity and of danger, differ very greatly in different cases. Sometimes the deviation from the feelings and condition of health is so very slight as scarcely to deserve the name of a disease; sometimes the disorder defies all treatment, and the deadliest forms of plague are not more fatal.

In these malignant and terrible cases, the eruption, if it appears at all, is livid and partial, and fades early, and is attended with a feeble pulse, a cold skin, and typhoid depression. Sometimes the patient sinks at once, and irretrievably, under the virulence of the poison, and life is extinguished in a few hours. A gentleman called one day at my house, and not finding me there, followed me between 12 and 1 o'clock to the hospital. He wished me to visit his wife, four or five miles out of town, who had been taken ill that morning. He feared that she was about to have scarlet fever, but he was not much alarmed for her safety; for when he found that I could not be at his house before six, he said that that hour would not suit the general practitioner in attendance upon her, and he begged me to fix some time for seeing her *the next day*. I did so; but the same afternoon rapid sinking came on, and the patient was dead very soon after the hour at which I had first proposed to visit her.

In other cases of scarlatina maligna, the typhoid symptoms rapidly deepen; and death, in children, is apt to occur on the fifth day of the complaint; and not uncommonly as soon as the third. The pulse becomes frequent and feeble; the tongue dry, brown, and tremulous; the debility extreme; the throat is ulcerated and gangrenous; and the respiration is impeded by viscid mucus which collects about the fauces. Over this variety of the disease medicine has comparatively little control.

The chance of recovery is much greater in the scarlatina anginosa, when the eruption is florid, and stands well out. But even in this form of the disorder there are many sources of danger, and various ways in which it may prove fatal.

In the first place many of the patients die, apparently, from inflammation or effusion within the head. They have violent headache, with furious delirium, which is followed by coma and death.

And, secondly, the state of the throat is full of peril. As the disease proceeds, although the rash may be steadily persistant, the throat becomes foul and sloughy, an acrid discharge from the nostrils, which are so stuffed and swollen internally that the patient can scarcely breathe through them, runs over and frets the upper lip; the parotid and submaxillary glands swell, sometimes enormously; and fever is lighted up afresh. In this way many cases prove fatal in the second week of the disorder. The cervical swellings cause constriction of the fauces and stiffness of the neck; and sometimes, doubtless by interfering with the free return of the blood from the head through the jugular veins, they produce a tendency to coma. With these symptoms there is often, also, purging, and an excoriated anus.

The acrid matters, furnished by the ulcerating and gangrenous throat, irritate the nasal membrane in the one direction, and that of the alimentary canal in the other. We thus account for the running from the nose, the soreness of the alæ nasi and upper lip, and the smarting diarrhœa; and the swelling of the parotids and neighboring glands is evidently caused by absorption of the irritating and poisonous matter from the ulcerated throat. There is just the same relation and dependency between these different local alterations, as between the enlarged mesenteric glands and ulceration of the follicles of Peyer in continued fever, between a bubo in the groin and a chancre on the glans penis. It is the condition of the throat that gives rise, in these cases, to the most formidable symptoms. The system is re-inoculated from that source. Whenever I see the glands much enlarged at the angle of the jaw, and beneath the jaw, in a child laboring under scarlet fever, I augur ill of the case. Sometimes the mischief extends into the larynx, and so destroys the patient. But this is probably a very rare event. There is, however, still another, and a very common consequence of the throat affection—I mean inflammation of the Eustachian tube, reaching sometimes the tympanum itself, and causing permanent deafness, either by closing up the tube, or by the destruction of the membrana tympani, and the little bones belonging to it. In one case, which was under my own care, I observed that, for a short time before death, every time the child swallowed, a part of the fluid food ran out immediately at one of its ears. I had no opportunity of examining the state of the part after death, but the disorganization arising from the sloughing ulceration of the throat must have been frightful.

The scarlatina simplex is scarcely, I repeat, a disease. Sydenham has said of it that it is "fatal only through the officiousness of the doctor."

Even when the patient has escaped from the complaint itself, he is often exposed to great hazard and distress from its *consequences*. Children who have suffered a severe attack of scarlet fever are liable to fall into a permanent state of bad health, and to become a prey to some of the many chronic forms of scrofula: boils, strumous ulcers, diseases of

the scalp, sores behind the ears, scrofulous swellings of the cervical glands and of the upper lip, chronic inflammation of the eyes and eyelids. The same afflicting results are very common after smallpox also, and measles.

I have several times, when the rash of scarlet fever was disappearing, known pain and swelling of the larger joints to supervene, simulating very closely the local phenomena of sub-acute rheumatism; and I have noticed that the painful joints were eased and benefited by friction; a circumstance which may help to distinguish this articular affection from true rheumatism. Another distinctive circumstance is that, although all these patients were children, the heart in no instance became implicated, in connection with the tumid joints.

But the most common, and the most serious of the sequelæ of scarlatina, is *anasarca*, serous infiltration of the sub-cutaneous cellular tissue, accompanied often with dropsy of the larger serous cavities. So common is this, that Cullen has even introduced the circumstance as a part of his definition of scarlet fever. He found the dropsy a very manageable complaint; but it really is, in many—nay, in most cases, if we look to its probable ultimate effects—a most formidable one. This affection belongs to the class of *febrile dropsies*. It appears to have no relation, or, if any, an inverse relation, to the violence and danger of the preceding exanthem. It is much more common after a mild than after a severe disease. This, in all probability, is owing to the circumstance that less care and caution are observed in the milder cases during the dangerous period of desquamation and convalescence; a period more dangerous, in that form of scarlatina, than any other. In the graver cases the convalescence is slower, and more doubtful; and accidental or careless exposure to cold is more guarded against, or takes place later: whereas, in the slighter varieties of the disorder, the patients are apt to go out while the new cuticle is still forming. If you carefully trace the histories of dropsy succeeding to scarlet fever, you will almost always find that the fever had been trifling; that the patient, considering himself well, or nearly so, had heedlessly encountered a damp atmosphere so soon as he felt himself strong enough to leave the sick chamber. Plenciz, who has written well on this subject, and who was quite aware of its importance, remarks that those patients who have had much desquamation of the cuticle are the most liable to the dropsy; that it is more frequent in winter than in summer; and in such as are early exposed to the open air after having passed through the fever, than in those who remain longer at home. When the desquamation is over, and the new surface has become in some degree hardened, the peril is past. According to the observations of Dr. Wells, the dropsical symptoms commonly show themselves on the twenty-second or twenty-third day after the commencement of the preceding fever. They have been known to begin as early as the sixteenth, and as late as the twenty-fifth day. When no dropsy took place before the end of the fourth week, Dr. Wells always ventured to state that it was no longer to be dreaded.

This anasarca is seldom observed except in children and young persons. The age of the oldest patient that Dr. Wells had known to be

so affected was 17. Of 10 instances of the disease seen by Dr. Blackall, 6 occurred in children not exceeding the age of 10, and two others in persons who were respectively 10 and 16 years old.

We cannot infer, from this, that the susceptibility of this dropsical condition lessens as years increase. The great prevalence of this variety of dropsy in early life has no direct relation to age as a predisposing cause. The fact is explained by the accidental peculiarities of the antecedent disease. The contagion of scarlet fever is active and widely diffused. Few children escape its agency. Few are capable of taking the disorder a second time. It follows that scarlet fever is rare in adult life: and as dropsy succeeds that disease in a very limited number of instances only, dropsy arising in connection with scarlet fever must, at the adult age, be still more uncommon. Yet it is not unknown. One of Dr. Blackall's ten patients was 30, another 42, years old. Both of these were women.

In this, as in other species of febrile dropsy, the urine is very constantly troubled, bloody, albuminous; and it is an interesting fact, that the chronic form of renal dropsy, manifesting itself at some distance of time, has been distinctly traced back to its source in the acute anasarca immediately consequent upon scarlet fever. The sequence has occurred, in all probability, much oftener than it has been noticed. There is scarcely room for doubting that the series of organic changes in the kidney, described by Dr. Bright, do frequently date their origin from an attack of febrile anasarca: and in proportion as facts, accurately observed, accumulate on this subject, the chain of connection becomes more clearly visible between acute febrile dropsy, dropsy succeeding scarlet fever, and chronic renal dropsy. It is evident, indeed, that the two first of these three are, in their characters and exciting causes, identical, the only difference between them consisting in the remarkable predisposition towards the second, impressed upon the body by the preceding exanthem. Both of them again are, in many instances, initiative of the third.

It is natural, therefore, to expect that in the variety of febrile dropsy now under consideration, as well as in those which I formerly described, *inflammation* should be common, and evidenced by its unequivocal effects. And it is so. But the dropsy, I am persuaded, has no essential connection with common inflammation of any part, unless the state of the kidney be of that kind. I have examined the body very carefully in fatal cases, and found the serous cavities full of clear liquid, without a trace of redness or of any of the unmistakable products or events of inflammatory action.

[To be concluded next week.]

CUTANEOUS ULCER COMMUNICATING WITH THE LUNG.

BY STEWART ALLEN, ESQ., ASSISTANT SURGEON TO ST. MARYLEBONE INFIRMARY.

Mary Cain, ætat. 31, of fair complexion and scrofulous diathesis, had been a patient of mine for some time. In the beginning of last winter she had an attack of inflammation of the right hip-joint, there was

lengthening of the limb, accompanied with very severe pain; this gave way to repeated local bleedings, and the occasional use of iodine, quinine and morphine; however, she was confined to her bed from this cause during a great part of the winter, during which time she had occasional attacks of cough with slight hæmoptysis, and became much emaciated. On examining the chest the upper part of the left lung appeared nearly solid; the upper part of the right was also dull on percussion; in March she regained flesh, and became so much improved, that she was able to leave the house: unfortunately she caught fresh cold, and had a return of the cough with profuse expectorations and perspirations; there was no pain or uneasiness in the hip-joint. Early in May a scrofulous ulcer (which she had previously been troubled with) broke out on the right side of the thorax; it quickly put on a phagedenic character, and rapidly laid bare a portion of the fourth and fifth ribs. The glands in the axilla, on either side, suppurated. On the 25th of May my attention was directed by the patient to the curious noise that came from the ulcer, like (as she said) a person breathing. On examination I found that at each expiration a considerable portion of air was expelled through the ulcerated opening, sufficient to extinguish a piece of lighted paper; there was also a portion admitted at each inspiration. This was readily perceived by placing a piece of lint over the ulcer, which could be seen to be drawn inwards during the inspiration. She continued to take quinine and morphine, from which she felt, or fancied she felt, relief. On the morning of the 24th of June she had been left alone for a short time by the person who usually attended on her; on the girl's return she found the bed deluged with blood, which was flowing freely from the ulcer on the chest; the blood, as she expressed it, "pumped out" when the woman breathed or attempted to speak. She died in about ten minutes, having, it was supposed, lost about two quarts of blood. No examination of the body was permitted.

This case may be interesting from its rare occurrence. The annual number of consumptive cases in this parish is very large, but during four years I have not met with a similar one.

Dr. Edwin Harrison (who has seen a great deal of this disease, and who has paid particular attention to it) informs me that he has never met with a case where the external ulcer communicated with the lung. The woman lived one month from the time the communication was first observed.—*London Lancet.*

RETROVERSION OF THE UTERUS, RELIEVED BY PERCUSSION.

BY JOHN CHAPMAN, M.D., OF BALTIMORE.

Case I.—A lady, 30 years of age, in the third month of pregnancy, was taken with retention of urine, and could get relief only by the use of the catheter. After emptying the bladder, a further examination ascertained the cause to be retroversion of the uterus, accompained by a severe attack of the piles, which were large, numerous and very painful. The catheter was used at regular intervals for four days. At length

she was relieved in the following manner:—She was placed on her knees, elevated by pillows, and her shoulders brought low down into a hollow of the bed. Whilst in this position, I took a small pillow, thrust it to the bottom of its case, and gathering the mouth of the case in my hand, struck her repeatedly over the back of the pelvis with the lower end of the pillow. After having struck her nine or ten smart blows, she said she felt something move internally; on examination, I found the retroversion removed, and she had no more trouble in passing her urine.

Case II.—A lady, in the third month of pregnancy with her fourth child, was taken with retention of urine, caused by retroversion of the uterus. The bladder had not been emptied for thirty-six hours, although small quantities of urine had occasionally passed by severe straining. After the bladder was relieved, she was suffered to repose; and, at proper intervals, the catheter was used three times. I then tried percussion, as in the former case, but without immediate effect. She was desired to have it repeated by her attendant, every hour or two, during the day, and being anxious to get relief she told me she did not spare the remedy. At my next visit she had passed her urine freely at a natural call. On one occasion, when struck by the pillow, she felt something move internally, which was doubtless the ascent of the fundus of the uterus.—*Maryland Med. and Surg. Journ.*

SURGICAL CASES PRESENTED AT THE ALBANY MEDICAL COLLEGE, FOR SESSION 1842-3.

[Communicated for the Boston Medical and Surgical Journal.]

FIRST REPORT.

It is generally known that the Faculty of this Institution have established a weekly Surgical and Medical Clinique, for the purpose of rendering assistance to a large class of indigent sufferers; and at the same time affording to the students, attending the College, increased opportunities for personal observation of the varied forms of disease, and the operations performed for their relief.

The first clinical lecture for the present term, was attended by a large and deeply-interested audience. The numerous and highly-respectable class of students, manifested, by their deep attention, their enthusiasm in the pursuit of the honorable and responsible profession they have chosen. We feel gratified in being able to state that the present term has commenced under the most flattering auspices. The following is a brief report of the cases presented at the Clinique of the 8th inst.

1. A little girl, aged 10, daughter of Mr. A. H. C., came before the class with chronic enlargement of both tonsils, which were speedily excised by a tonsil instrument manufactured by Mr. C. Owens, of this city.

2. C. I., a lad 13 years of age, of slender habit of body, about three weeks ago fell and fractured both bones of the fore-arm, midway between the elbow and wrist. The arm was dressed in the presence of the class, when it was found to be doing well, and it was evident

that in a few weeks more a perfect cure would be the result. Dr. March, the Professor of Surgery, here enforced the necessity of using light, broad, and unyielding splints, in all cases of fracture of both bones of the fore-arm.

3. G. A., a foreigner, of florid complexion, came to seek relief for increasing obscurity of vision of one eye. The affection was of seven years' standing. The pupil was a little enlarged and inactive to the stimulus of light, from which an *amaurotic state of the retina* was inferred. A few days before, Dr. M. caused the patient to be cupped, and ordered a full dose of calomel as a cathartic, without any relief. In this case, little or no hope of relief could be entertained.

4. I. C., a laborer, aged 40, had been afflicted with inflammation and granulation of the eyelids for more than a year; although, now, nearly cured. The lids were everted, and nitr. arg. applied to them.

5. W. S., a boy 12 years of age, of scrofulous habit, had labored under ophthalmia tarsi, more or less, for eighteen months. A weak preparation of the red precipitate ointment was prescribed.

6. C. G., a stout, healthy teamster, aged 25, about a month ago had his fore-arm caught between a large stone on his waggon, and a tree, which resulted in a bad compound fracture of both bones, with great laceration and contusion of the soft parts. The radius had united perfectly, and the ulna partially, and the flesh-wound was nearly or quite half healed. It was dressed with adhesive plaster, compress, splint and roller. This was particularly exhibited to show a flabby and unhealthy appearance of an extensive ulcer. The severity of the injury had produced great constitutional disturbance, and general debility.

7. D. K., a blacksmith, 35 years of age, was next presented. He had an indolent, chronic, varicose ulcer, situated a little above the ankle, of several months' standing, which was dressed with pulv. sang., dry lint, adhesive straps and roller.

8. A son of I. C., aged 7 years. A month or two ago he received a blow on his abdomen, which was supposed to be the cause of an inguinal hernia, on account of which he appeared before the class. A few of the most permanent diagnostic symptoms were pointed out; the mode of reducing hernia by the taxis was shown, and one of Chase's trusses applied in the presence of the class. To test the ability of the instrument to answer its intended design, Dr. M. caused the little patient to cough and strain, &c., when it was evident that no further protrusion could take place under ordinary circumstances.

9. S. E. C., 12 years of age. When eighteen months old, received a severe burn of the right hand, which resulted in a permanent contraction of the fore, ring and middle fingers. The operation for the removal of the deformity was deferred until next Saturday.

10. S. L., aged 37, from Massachusetts, presented himself for professional aid. He was thin, pale and sickly in appearance, and dejected in spirits. On his nose, upper lip and palate, there were foul, jagged and irregular ulcerations, constituting the disease called "lupus exidens." Creosote of full strength was applied externally, and nitr. arg. to the

palate. For constitutional remedies, vegetable bitters, hydr. potas. and ext. con. macu., were ordered in efficient doses.

11. W. C., a healthy, robust man, about a week ago drove a fragment of glass bottle into the triceps brachialis, apparently to the bone. This case exhibited all the characteristics of inflammation: *redness, throbbing, swelling, pain* and *heat.* Cold bread-and-water poultices were prescribed.

12. C. M., aged 40, with an adipose tumor of fourteen years' growth, the size of a quart bowl, and situated between the tuber ischii, and trochanter major, beneath the skin and external to the fascia. This case was easy of diagnosis, and the operation for its removal was performed with great dexterity by Professor March. One or two small arteries required ligatures. The wound was dressed with sutures, adhesive straps, compress and roller.

13. Mrs. I. G., aged 33, with a livid, vascular tumor, twelve inches in circumference, attached by a narrow foot-stalk to the skin over the spine, and between the scapulæ. It was removed by making two semi-elliptical incisions in the direction of the spine. As predicted, there was profuse hemorrhage. Four or five arteries required ligatures. The wound was dressed as in the last case.

14. N. P., aged 22, who for the last two years has labored under the troublesome complaint called spermatocele, or varicocele, of the left testis and cord. The scrotum was extremely lengthened and relaxed—veins enlarged—sense of weight and uneasiness in the course of the cord—pains about the loins, hip and extremities, with constant apprehensions of symptoms of a still more serious character. The patient stated that he had consulted several physicians, by most of whom his complaint had been pronounced to be hernia. The operation adopted by the late Sir A. Cooper was deemed advisable in this case—the excision of a large part of the pendulous scrotum. The testes were pressed up to the external abdominal rings—four sutures, at suitable distances from each other, were passed through the scrotum, immediately below the testes, and then, by one sweep of a large scalpel, all below the sutures was cut away. One artery, only, was secured by ligature, and the sutures were then secured.

In connection with this case, Professor M. made some excellent remarks on the great importance of correct diagnosis, and requested the students to contrast the appearance and symptoms of this case with those of the little patient who had just been presented with inguinal or scrotal hernia, and upon whom a truss was successfully applied.

Albany, October 11, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 19, 1842.

LONGEVITY OF THE MULATTO.

An article appeared in this Journal last week, upon the vital statistics of the colored race, that presents some important considerations for the philosopher as well as the philanthropist.

It is confessedly the great aim of legislation to enlarge the sum of human happiness; and by the security of individual rights and of property, which is conducive to personal comfort and convenience, the State virtually endeavors to promote longevity. If, therefore, long life is really and truly of such importance that the laws of all civilized countries alike concur in the infliction of the severest penalties for any direct act which has a tendency to shorten it, consistency requires that the open violation of nature's fundamental laws, on obedience to which the physical prosperity and mental vigor of a race depends, should also become the subject of profound legislative deliberation. For several years in succession, efforts have been made, in the General Court of Massachusetts, to modify the marriage code of this Commonwealth, which wisely forbids the legal union of black and white persons. No necessity exists for detailing the arguments upon which the plea is based for asking a repeal of an excellent regulation, that is in exact accordance with the laws of God as we understand it, and as our correspondent has so plainly proved it to be. The effects to be apprehended, were the petitioners to accomplish their object, are indeed manifest to every one. Instead of a local population of distinctly white and black people, a mixed race of all shades would to a certain extent exist among us—followed by a moral deterioration of society, and ultimately a corresponding change in the physical aspect of the whole face of this ancient land of the pilgrims.

But it is not our purpose to dwell particularly on the prayer of the petitioners, since statistics now show that an amalgamation of the races would be positively disastrous, in shortening the period of human existence. The negro is longer lived than the white man, even in the pestilential atmosphere of his native Africa; and in Europe and America he has more years allotted him than the Caucasian; but, the Mulatto, the offspring of the white and black, is shorter lived than either of the parents. And the value of life decreases in the children of the mixed blood, till, in a few removes only, they cease to propagate at all. This is the spirit of the singularly curious paper already referred to, from an authority that defies contradiction. Massachusetts, in her steadfast refusal to alter or remove the interdict of the marriage of blacks with whites, is acting eminently on the great principle of right, which in this case, has reference to the physical well-being of those concerned, as well as to the extension of the period of life. The would-be amalgamists, ignorantly, without doubt, would subvert the order of nature, and thus shorten the age to which both races are destined, when unadulterated by admixture of blood.

Those of our professional readers, who are conversant with facts illus-

trative or confirmatory of our correspondent's statements, are invited to transmit them. From the South, where many able writers reside who are constant readers of our Journal, we hope for assistance in the acquisition of the truth. Massachusetts is either right or wrong in this matter. Nature and common sense, we think, both declare that she is right—and religion and humanity will sustain the Legislature in resisting the importunities of men who have not studied the best interests of the two races, if length of days is still regarded a blessing.

Reports of Cases in Surgery.—The first of an intended series of surgical reports from the Albany Medical College, is published in the Journal to-day. We hope there will be no irregularity in the transmission of the manuscript, as the cases will be read with much interest. There is a freshness about recent cases, when so reported as to give them a general, and not a mere local, interest, that fixes the attention of the student; and, whether important or not, they are always sought for with avidity. New things in surgery are quite as exciting as novelties in any other domain of science. But aside from all such considerations, carefully written reports are the precedents, the rules of practice, and therefore stand in somewhat the same relation to surgery, that decisions of eminent jurists do in common law. If every surgeon improved the opportunities that present themselves, as he might, to collect and preserve facts that are almost forced upon his notice in the course of ordinary practice, a vast fund would soon be accumulated, of incalculable value to the profession; but it is a misfortune that only a little is ever gathered up and saved for future reference.

Swedenborg's Knowledge of Physiology.—In the No. of the London Medical Gazette for August 5, is a translation of Swedenborg's chapter on the intestines, from his *Regnum Animale*, which is really quite curious. It was written in 1774, and shows clearly that he was then altogether in advance of physiologists of that day, since he approaches the doctrines of these times. The description of the stomach, anatomically, is an admirable specimen, and so is the explanation of the structure of the intestines.

"With regard to *structure:* the membranes of the intestines are of the same number and of the same nature as those of the stomach; and the bloodvessels, muscular and nervous fibres, ducts, siphunculi, glands, papillæ, &c., have a similar origin, nature and determination, in both. The convolutions and sinuosities of both—the rugæ, furrows and grooves—have nearly the same structure, spire and fluxion, but with one marked difference, that, on the concave surface of the stomach, the spires are developed into equal solids, which form canals, and are closed in by (the) coats (of the stomach), and perform the same gyres in a volume, as the stomach performs on its surface: so that it seems as if the stomach did no more than unfold continuously below the pylorus. This similarity in structure produces a similarity in determination of *motion* and in form of fluxion, which, in both the stomach and intestines, is perpetually circular, or spiral, and continually maintains an intrinsic relation of poles, centres, axes, large circles, and lesser diametrical circles."

Baron Swedenborg was an extraordinary man. The more his volu-

minous writings are studied, the more convinced the reader is of the author's amazing acquirements in every department of human knowledge. Several profound physiologists have acknowledged his attainments in that pursuit; and should theologians give him credit, ultimately, for a ninth part that is claimed for him by his devoted followers, it will by-and-by be discovered that Swedenborg was not understood while living, nor appreciated after his death. But genius will command admiration; talents cannot be concealed in the obscurity of a dead language, nor great moral truths be lost even in the accumulating literary lumber of ages.

County Provision for the Insane.—Since the discovery of the fact, that the counties in Massachusetts have no suitable provision for the insane poor, the dormant philanthropy of those who are both able and disposed to bring about a change, has been awakened. A certain number of lunatics, it appears, who are town charges, are left in the county jails for security, and it is a question whether the expense of their maintenance should devolve upon the town from whence they are carried, or the county. Many, now boxed up in prison, like felons, would have been sent to the State Lunatic Hospital, at Worcester, if they could be received there; but the accommodations are not sufficiently ample. If, however, these town or county insane paupers were boarded there, either the town or county, from which they are sent, would be obliged to bear their expenses. A question is now agitated—should each county have its own hospital, or not. If so, each town would then be entitled to the privilege of having its insane dependents placed in it—all the towns being equally assessed for the maintenance of the institution. The Worcester Ægis intimates that the trustees of the State Hospital, in that town, will recommend to the Legislature to assume the liabilities which exist in the form of annuities upon the Johonnet fund, and thus bring the State into possession of that large bequest—by which means the State Lunatic Hospital might be sufficiently enlarged to receive all the insane which are now in the various county jails and other equally obnoxious places throughout the State.

Medical Appointment at South Boston.—Dr. Charles H. Stedman was last week elected, by the City Government, Superintendent of the Insane Hospital, and Physician of the House of Industry and House of Correction, at South Boston, in the place of Dr. John S. Butler, who was the first superintendent, and has held the office three years. It is decidedly the most valuable medical appointment, all things considered, in the New England States.

Connecticut Retreat for the Insane.—When Dr. Brigham, lately of the Hartford Retreat for the Insane, accepted the superintendence of the State Insane Hospital at Utica, N. Y., it devolved upon the trustees of the former Institution to appoint another to the vacant office. In Connecticut, we understand, the Medical Society first nominate a medical officer for the Retreat, and if the trustees confirm the nomination, that completes the business. The Society has lately nominated two gentlemen in succession, but the trustees have rejected both of them. The Institution being without a responsible head, Dr. E. K. Hunt, of Hart-

ford, has temporarily the charge of the establishment, as he had once before previous to the election of Dr. Brigham.

Cause of Yellow Fever.—"We have seen," says says the Raymond (Miss.) South Western Farmer, "a communication, addressed by Dr. Roderick Morrison, of this county, to the Mayor of New Orleans, wherein he maintains that *an excess of carbon in the circulation* is the cause of yellow and other bilious fevers."

MARRIED,—At Bolton, Oliver B. Taylor, M.D., of Rochester, N. Y., to Miss Sophia Hale Hubbard.—At Hadley, Mass., Dr. George Atwood, of Orleans, Mass., to Mrs. Almira Hill.

DIED,—In Milford, N. H., Richard Williams, M.D., President of the Medical Society of the Southern District of New Hampshire, a much valued physician, a philanthropist and Christian, 39.

Number of deaths in Boston for the week ending Oct. 15, 36.—Males, 21; Females, 15. Stillborn, 1.
Of consumption, 7—dropsy on the brain, 2—scarlet fever, 3—disease of the brain, 1—infantile, 1—typhus fever, 3—bilious fever, 1—teething, 1—accidental, 1—rupture of bloodvessel, 1—canker in the bowels, 1—canker, 1—stoppage in the bowels, 1—child-bed, 1—debility, 1—croup, 2—lung fever, 2—marasmus, 1—scrofula, 1—disease of the heart, 1—paralysis, 1—unknown, 2.

CAMBRIDGE EDITION OF LIEBIG'S ANIMAL CHEMISTRY.

JOHN OWEN, Cambridge, has just published the only correct American edition of Liebig's Animal Chemistry, with all the latest corrections and additions. Edited by Dr. Gregory and Prof. Webster.

☞ *Edinburgh, Sept. 2d*, 1842. I hereby declare that I shall acknowledge no other edition.
WILLIAM GREGORY.

"The chemist, the physiologist, the medical man, and the agriculturist, will all find in this volume many new ideas, and many useful practical remarks. It is the first specimen of what modern organic chemistry is capable of doing for physiology."—*London Quarterly Review.* Sept. 28—tf

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RESPIRATORS, OR BREATH-WARMING INSTRUMENTS.

THE subscriber, believing, on the recommendation of the British medical faculty, and from his own experience, that Respirators are useful instruments in most thoracic diseases, has imported many of them during the past three years, and he will continue to do so. Some months since, the London agent declined sending any more of those previously sold at the lowest price. The undersigned has therefore had some manufactured under his own immediate inspection.

They may be procured at his house, 17 Bedford street, Boston; at the Infirmary for Diseases of the Lungs, 51-2 Tremont row; at Metcalf's apothecary shop, Tremont street; and at this office; also, at the residences of the following physicians and apothecaries:—B. F. Baker, M.D., Norwich, Ct.; A. O. Dickey, M.D., Lyme, N. H.; Mr. Hall, Apothecary, Keene, N. H.; Mr. E. Fuller, Apothecary, Augusta, Me.; James C. Ayer, Apothecary, Centre street, Lowell; Messrs. James Green & Co., Apothecaries, Worcester, Mass.; Messrs. Adamson & Olliff, Apothecaries, 6 Bowery and 699 Broadway, New York; Mr. Frederick Brown, Apothecary, corner of 5th and Chesnut streets, Philadelphia. O. 5—eop3m H. I. BOWDITCH, M.D.

THE NEW ENGLAND QUARTERLY MEDICAL JOURNAL,

No. 2, for October, is just published. It contains original articles—by Dr. W. Channing, on Anhæmia; Dr. A. Twitchell, Gun-shot wound of the Face; Dr. J. Ware, on Croup; Dr. J. B. S. Jackson, on Tubercular Meningitis—with Reviews, Bibliographical Notices, Reports of the Boston Society for Medical Improvement, and Selections from other journals. Price $3 a year, in advance.

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 128 Washington street, corner of Water street, Boston, where he shall be happy to execute all orders with which he may be favored, and where he has also on hand Surgical and Dental Instruments, in all varieties, and complete apparatus of every description used by the profession. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronize him. He begs leave to offer the following testimonial of several medical gentlemen of this city.
C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

JOHN C. WARREN,
GEO. HAYWARD,
S. D. TOWNSEND. } *Surgeons to Mass. General Hospital.*

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MASSACHUSETTS MEDICAL COLLEGE.

THE Medical Lectures of Harvard University begin annually, at the Medical College in Mason street, Boston, on the first Wednesday in November, and continue four months.

The introductory Lecture is given at 12 o'clock of the above day, in the Anatomical Theatre, by the Professors in rotation.

The following are the courses of Lectures delivered in this College, with the fees annexed.

		Fees.
Anatomy and Operative Surgery, - -	PROF. WARREN - - - - - -	$15,00
Midwifery and Medical Jurisprudence, -	PROF. CHANNING - - - - - -	10,00
Materia Medica, - - - - - -	PROF. BIGELOW - - - - - -	10,00
Principles of Surgery and Clinical Surgery,	PROF. HAYWARD - - - - - -	10,00
Chemistry, - - - - - -	PROF. WEBSTER - - - - - -	15,00
Theory and Practice of Physic and Clin. Med.	PROFS. WARE and BIGELOW - - -	15,00

There is no fee for matriculation. The Hospital and Library are gratuitous. Ticket for Dissecting Room, $5,00. Board is as low as in any of our cities.

The Clinical Lectures in Medicine and Surgery are given on cases in the Massachusetts General Hospital, which are visited by the class three times a week. Surgical operations at the Hospital are frequent. An abundant opportunity is thus furnished to students for practical observation and study.

Jy 20—eptN WALTER CHANNING, Dean.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

SESSION OF 1842-43.

THE regular Lectures will commence on Tuesday the first of November, and end on the last day of February.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and General Jurisprudence.
ROBERT M. HUSTON, M.D., Professor of Materia Medica and General Therapeutics.
JOSEPH PANCOAST, M.D., Professor of General, Descriptive and Surgical Anatomy.
J. K. MITCHELL, M.D., Professor of Practice of Medicine.
THOMAS D. MUTTER, M.D., Professor of Institutes and Practice of Surgery.
CHARLES D. MEIGS, M.D., Professor of Obstetrics and Diseases of Women and Children.
FRANKLIN BACHE, M.D., Professor of Chemistry.

Lectures and practical illustrations will be given at the Philadelphia Hospital regularly through the course, by

DR. DUNGLISON on Clinical Medicine.
DR. PANCOAST on Clinical Surgery.

On and after the first of October, the dissecting-room will be open, and the Professor of Anatomy and the Demonstrator, Dr. Jonathan M. Allen, will give their personal attendance thereto. Clinical instruction will likewise be given regularly at the Dispensary of the College. During the course, ample opportunities will be afforded to students of the school for Clinical Instruction; Professors Dunglison, Huston and Pancoast being medical officers of the Philadelphia Hospital; Professor Meigs of the Pennsylvania Hospital; and Professor Mutter, Surgeon of the Philadelphia Dispensary.

ROBERT M. HUSTON, M.D., *Dean of the Faculty.*

*** Boarding and other personal expenses of students are at least as cheap in Philadelphia as in any other city of the Union. Ag. 24—tO20

A CARD TO THE MEDICAL PROFESSION AND THE PUBLIC.

University of New York, September 30, 1842.—The Medical Faculty of the University of New York desire to make known to the Profession and the public the following facts:

That they had occasion during last winter to expel from their Institution, for offences committed, Mr. James Alexander Houston, a Reporter connected with the "New York Herald," and the "Lancet," papers of which Mr. James Gordon Bennett is the proprietor.

That since that event those periodicals have indulged in incessant attacks on this public institution, misrepresenting its condition. They have widely circulated that it has no means of giving clinical instruction; that it is a failure; that one of its members, Professor Mott, is about to leave it and go to Europe, with many other allegations which are utterly false.

While, therefore, the faculty make known that all the advantages of the New York Hospital, the Eye and Ear Infirmary, and similar institutions, are open to their students, every day in the week, together with clinical instruction in their own building, that no change whatever has taken place, or is even contemplated, in their professorships—that, so far from being a failure, the prospects of their school were never so bright as now, more than sixty students having already entered their names on the matriculation list, a month before the session begins, a thing without precedent among Colleges; they feel that they cannot descend to any altercation with those libellous prints, or with the individual who is the proprietor of them.

But it is their intention forthwith to seek for this public institution the protection of the laws of the country, and call the individual who is endeavoring to perpetrate these injuries to account for his offences before a tribunal of justice.

Signed by order of the Faculty, JOHN W. DRAPER, M.D., *Secretary.*

N. B. As the misstatements referred to have been widely circulated by the "Herald," editors of newspapers in different parts of the United States and Canada will oblige the faculty by giving the substance of this card insertion in their journals. O. 12—tN.

BALTIMORE COLLEGE OF DENTAL SURGERY.

THE annual Course of Lectures in this Institution, will commence the first week in November, and continue to the last of February.

HORACE H. HAYDEN, M.D., Professor Dental Physiology and Pathology.
CHAPIN A. HARRIS, M.D., Professor Practical Dentistry.
THOS. E. BOND, Jr., M.D., Professor of Special Pathology and Therapeutics.
W. R. HANDY, M.D., Professor of Anatomy and Physiology.

Dental Cliniques will be given during the Course.

Sept. 7—eptN. W. R. HANDY, *Dean.*